

FILED

01/25/2021

**U.S. DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
Roger A.G. Sharpe, Clerk**

**United States District Court
Southern District of Indiana**

Case No. 19-cr-362-SEB-TAB-01

(write the number including letters of your criminal case)

UNITED STATES OF AMERICA

V.

MARCUS DILLARD

(write your name here)

**MOTION FOR
SENTENCE REDUCTION
PURSUANT TO**

**18 U.S.C. § 3582(c)(1)(A)
(COMPASSIONATE RELEASE)**

(Pro Se Prisoner)

NOTICE

Federal Rule of Criminal Procedure 49.1 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

I. MOTION

I hereby move the court for a reduction in sentence (compassionate release) pursuant to § 603 of the First Step Act of 2018 and 18 U.S.C. § 3582(c)(1)(A).

Indicate the reasons for your motion, select all that apply:

- ☐ I have been diagnosed with a terminal illness.
- ☐ I have a serious physical or medical condition, that substantially diminishes my ability to provide self-care within the environment of a correctional facility, from which I am not expected to recover.
- ☐ I have a serious functional or cognitive impairment that substantially diminishes my ability to provide self-care within the environment of a correctional facility, from which I am not expected to recover.
- ☐ I have deteriorating physical or mental health because of the aging process that substantially diminishes my ability to provide self-care within the environment of a correctional facility, from which I am not expected to recover.
- ☐ I am (i) at least 65 years old; (ii) am experiencing a serious deterioration in physical or mental health because of the aging process; and (iii) have served at least 10 years or 75 percent of my term of imprisonment, whichever is less.
- ☐ The caregiver of my minor child or children has died or become incapacitated and I am the only available caregiver for my child or children.
- ☐ My spouse or registered partner has become incapacitated and I am the only available caregiver for my spouse or registered partner.
- ☐ I meet *all* the following criteria:
 - I am 70 years or older;
 - I have served 30 years or more of imprisonment pursuant to a sentence imposed under 18 U.S.C. § 3559(c) for the offense or offenses for which I am imprisoned; and
 - I have been determined by the Director of the Bureau of Prisons not to be a danger to the safety of any other person or the community, as provided under section 3142(g).

☒ Other: I am highly vulnerable to contract Covid-19 and my underlying health condition put me at a high risk to have continuous health condition even if I overcome the virus or become to the virus resulting in death if contracted.

II. MOVANT'S INFORMATION

Marcus Brandon Dillard
Name

17281-028
Prisoner ID #

FCI Memphis
Bureau of Prisons Facility

P.O. Box 34550
Institutional Address

III. SENTENCE INFORMATION

Date of sentencing: June 3, 2020
Term of imprisonment imposed: 8 years 1 month / 7 years
Approximate time served to date: 15 months
Projected release date: 09-17-2026
Length of Term of Supervised Release: 5 years

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

WARNING: 18 U.S.C. § 3582(c)(1)(A) allows you to file this motion after you have "fully exhausted all administrative rights to appeal a failure of the Bureau of Prisons to bring a motion on the defendant's behalf or the lapse of 30 days from the receipt of such a request by the warden of the defendant's facility, whichever is earlier." Your motion may be denied if do not meet these criteria.

Have you submitted your request for a sentence reduction to the warden of the institution where you are incarcerated? ☒ Yes (Date submitted: 12-20-2020) ☐ No

If no, explain why not:

It has been 30 days since your request was received by the Warden and the Warden has not responded to your petition. ☒ Yes ☐ No

Was your request denied by the Warden? ☒ Yes (Date denied: 12-22-2020) ☐ No

Have you received a final administrative denial from either Bureau of Prisons General Counsel or the Director of the Bureau of Prisons? ☐ Yes ☒ No

V. STATEMENT SUPPORTING MOTION

Briefly describe the reasons supporting your motion. If you have checked "other" as your reason above, please describe your circumstances and how they apply here. Explain whether your circumstances were known to the court at the time of sentencing. Attach additional sheets if necessary, along with any relevant exhibits (to include medical records, if seeking release based on a medical condition).

I suffer from asthma, sleep apnea, sickle cell trait, overweight, high blood pressure, hypertension and anxiety issues. During the pandemic that is plaguing our Great Nation of the United States of America many of our American citizens 400,000 and counting have perished to the Covid-19 virus, from underlying health issues of which my health issues fit the circumstances of which most are succumbing their underlying health issues and I and fellow inmates are at a higher risk of contracting the virus and have contracted the virus and some have died of which do to lack of carelessness of prison staff I obtained Mr. Larry Benett reg# 34874-044 of the Missouri whom contracted Covid-19 virus while FCI Memphis facility was on lockdown admitted to St. Francis Medical Center on the December 11, 2020 and later passed at 11pm December 19, 2020, I was given the copy of his letter written By Warden Owens to Mr. Benett's probation officer advising the office of his condition and health issues of I and Mr. Benett had similar conditions which Covid-19 virus won the battle right before Mr. Benett whom completed his sentence and was preparing for his release.

I and my family growing concerns of this being a threat to me everyday during my incarceration being the prisons are ill prepared as to the country was also for the devastating virus which claimed a half-million deaths and infected and changed America and the world for ever. Prison Population is at a total disadvantage being that FBOP staff are not take covid testing and if infected at FCI Memphis they are still allowed to perform their duties as I and many other new inmates were informed at A & O. I was not sentenced to death nor life imprisonment I was sentenced to 97 months. And to keep using the language of me being considered a threat to the community the Government never proved this without a reasonable doubt we came to an agreement which was by the advice of an ineffective counsel whom fell below objective standard of which can be proven and Page 4 of 7

I am in the motions to prove of which I don't fit the 924(c)(1) charging of which would could make the argument on me being a danger or even possession is 9/10 of the law of which I had no active employment of the firearm or possession.

Please describe your proposed release plans (employment, medical needs, housing, and financial resources).

I will continue to reside in my home at 4333 Village Trace Court 46254
with my wife and 3 children of which I have removed my dog from the residence
in case probation officers safety for home visits, I will begin going to get sleep studies for
my sleep apnea and sleep paralysis also my high blood pressure, hypertension and anxiety
issues and seek in house health care with Locust Manor Health Care Center to continue
treating my health issues that plague me, I have a management position at
Wendy's on 116th Street which I presented at my detention hearing and continue my
online Business Management Courses at Ivy Tech Community College I was enrolled
for along with ~~and~~ Hospitality Courses.

VI. Medical Information

(Please fill out this section if seeking a release based on a medical condition, if not, please skip to section VII)

List any medical diagnoses, if any, that are the basis for your motion.

Sickle cell trait, asthma, high blood pressure, hypertension sleep apnea

Will you require ongoing medical care if you are released from prison?

☒ Yes ☐ No

Do you have health insurance?

☐ Yes ☒ No

If yes, provide name of insurance company and policy number. If no, how do you plan to pay for your medical care?

If no, are you willing to apply for government services (i.e. Medicaid/Medicare)? ☒ Yes ☐ No

Do you have copies of your medical records documenting the condition(s) for which you are seeking release?

☒ Yes ☐ No

If yes, please include them with your motion. If no, where are the records located?

Are you currently prescribed medication in the institution?

☒ Yes ☐ No

If yes, list all prescribed medication, dosage, and frequency.

Roair HFR (Albuterol Sulfate), HydroChlorothiazide 12.5mg, Aprin for bone aches

Do you require durable medical equipment (e.g. wheelchair, walker, oxygen, prosthetic limbs, hospital bed)?

☐ Yes ☒ No

If yes, list equipment.

Do you require assistance with self-care such as bathing, walking, toileting?

☐ Yes ☒ No

If yes, please list the required assistance and how it will be provided.

Do you require assisted living?

☐ Yes ☒ No

If yes, please provide address of the anticipated home/facility and source of funding to pay for it.

Do you have primary care arranged in the community?

☐ Yes ☒ No

Provide name and address of your primary care physician.

Are the people you are proposing to reside with aware of your medical needs?

☒ Yes ☐ No

Do you have other community support that can assist with your medical needs?

☒ Yes ☐ No

Provide names, ages, and their relationship to you.

Jamyla Bellamy Daughter, 18 and Chamika Dillard 35 wife

Will you have transportation to and from your medical appointments?

☒ Yes ☐ No

Describe method of transportation.

My wife Chamika Dillard 35, and 18 yr old Jamyla Bellamy

VII. RELEASE PLAN

Provide proposed address where you will reside if released from prison.

4333 Village Trace Court 46254 Indianapolis, IN

Provide name and phone number of property owner or renter where you will reside if released from prison.

Chamika Dillard (317) 378-3304

Provide names, ages, and relationship to you of any other residents living at the above listed address? (If the resident is a minor, do not provide the minor's full name; provide only initials.)

Chamika Dillard SS, wife

Chamear Dillard 5, Daughter, Moorian Dillard 3, Son, Marcus Dillard II, 2 Son

Do the residents of the home know you are proposing to reside with them?

☒ Yes ☐ No

Are they supportive of your request?

☒ Yes ☐ No

Are you physically and mentally able to maintain employment?

☒ Yes ☐ No

Have you secured employment?

☒ Yes ☐ No

Provide name and address of employer and job duties.

Wendy 116th Street Fishers, IN Management

VIII. MOVANT'S SIGNATURE

Sign and date the motion.

01-22-2021

Date

Marcus Dillard

Movant's Signature

Marcus Dillard

Print Name